Medicines allowed under OGL

219. DR. (SHRIMATI) SAROJINI MAHISHI;
SHRI CHITTA BASU:
Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to answer to Unstarred Question 2115 given in the Rajya Sabha on the 14th March, 1989 and state:

(a) what are the names of medicines allowed under Open General Licence which are being manufactured in the country;

(b) whether it is a fact that indigenous capacity of these medicines is lying idle due to import under Open General Licence; and

(c) what steps have been taken to ban the import, based on capacity, availability, quality and price of indigenous production of these medicines?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) to (c) The list of finished drug preparations, life saving and anti-cancer drugs, allowed for import which are either not manufactured in the country or are not manufactured in adequate quantities, are given in the list 3 of Appendix-6 of Import and Export Policy 1988—91.

The list is reviewed by the Permanent Review Committee of the Chief Controller of Imports and Exports, Ministry of Commerce and is a continuous process.

Cost of IPKF operations in Sri Lanka

220 SHRI PUTTAPAGA RADHAKRISHNA;
SARDAR JAGJIT SINGH AURORA:
SHRI RAM JETHMALANI;
Will the Minister of DEFENCE be pleased to state:

(a) what has been the total cost of IPKF operations in Sri Lanka so far;

(b) what is the total number of IPKF personnel killed | injured in **Sri** Lanka so far; and

(c) what are the details of the payments of compensation and specia] facilities made to the families of the deceased IPKF personnel so far?

THE MINISTER OF STATE *JN* DEPARTMENT OF DEFENCE PRO. DUCTION AND SUPPLIES IN **THE** MINISTRY OF DEFENCE (SHRI CHINTAMANI PANIGRAHI) (a) The cost of IPKF operations above the normal pay and allowances is Rs. 183.24 crores upto 28-2-1989.

(b) As an 15-4-1989 total number of IPKF personnel killed in Sri Lanka was 857 and the number of injured was 2236.

(c) The families of Armed Forces i personnel dying during IPKF operations receive gratuity, family pension at Battle casualty rates and other benefits from Army Group Insurance Scheme, Armed Forces benevolent fund. Army Wives Welfare Association Fund, etc.

Adverse Reaction of non-steroial anti-inflamatory drugs

221. DR. (SHRIMATI) SAROJINI MAHISHI:
SHRI CHITTA BASU;
Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to answer to Unstarred Question 3219 given in the Rajya Sabha on the 28th March, 1989 and state:

(a) what are the names of non-steriol anti-inflamatory drugs being marketed in India which cause adverse reactions to blood;

(b) what are the symptoms for which each of these drugs are used;

(c) whether it is a fact that the manufacturers do not provide any precautionary note to safeguard against any indiscriminate use °f these drugs and these are freely

available from Chemistg without any .prescription;

(d) what corrective steps have been taken to stop misuse of these drugs;

(e) whether it is also a fact that most of these drugs are banned in a number of countries;

(f) if so, the names of those coun, tries;

(g) whether Government are re-considering the issue for withdrawal based on the reports of other counties; and

(h) if so, the details thereof and *if* not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE(KUMARI SAROJ KHAPARDE): (a) to (h) The non-steroidal anti-inflammatory drugs marketed in India and reported to be causing agranulocytosis [aplastic anaemia, a blood disorder, include Analgin, Indomethaein, Phenylbutazone/Oxyphenbutazone and Diclofenac Sodium. The estimated excess risk of agranuloeytasis/aplastic aheamia due to use of these drugs compared to the population who are not exposed to these drugs is reported to vary from one country to another. The average estimated excess risk of blood disorder is reported to be 1.1 per million cases.

The indications for the non-steroidal anti-inflammatory drugs are for the treatment of acute gout, ankylosing spondylitis, rheumatoio arthritis and other musculo-skeletal disorders. The side-effects and the "precationary note" for these drugs are given in the promotional literature of the popular brands of these products and by and large the prescribing doctors are aware of these side-effects.

All these drugs are prescription drugs and can be available only against the prescription of a Registered Medical Practitioner.

While Analgin and Phenylbutazone|Oxyphanbutazone are withdrawn| restricted marketing in certain countries, they continue to be marketed in a number of countries. There is no report of withdrawal of other non-steroidal anti-inflammatory drugs' in any country. Analgin is reported to be withdrawn in Australia, Norway. USA, Denmark, Bangladesh. Sweden, Canada, Jordan, Singapore and Greece. Phenylbutazone is reported to be withdrawn in Norway, Jordan and United Arab Emirates, Oxyphenbutazone has been withdrawn in Norway, Israel, UK, United Arab Emirates, Finland, Jordan and Zimbabwe.

The Drugs Technical Advisory Board had examined the Boston Surveillance Study of adverse drug reactions on Analgin and based on this study report, had advised the Government that there is no case for banning Analgin. Based on the experts Recommendation, Government have restricted the use of Phenylbutazone Oxyphenbutazone for the treatment of ankylosing spondylitis and gouty arthritis only. Manufacturers of these drugs have been directed to incorporate certain precautionary and contra-indicatoins in the package insert and the promotional literature of these drugs.

Manufacture of Bofors Guns in the country

222. SHRI KAMAL MORARKA: Will the Minister of DEFENCE be pleased to state:

(a) whether any proposals are under consideration for manufacture of Bofors Guns in the country in the private sector;

(b) if so how many proposals have been received and from whom; and

(c) by when a final decision is likely to be taken in this Tegard?

THE MTNISTER OF STATE IN THE DEPARTMENT OF DEFENCE PRODUCTION AND SUPPLIES IN